

STATE OF MISSISSIPPI



STATE  
MEDICAL  
EXAMINER

COUNTY OF \_\_\_\_\_

PERMIT FOR CREMATION OR BURIAL AT SEA

UNDER THE PROVISIONS OF MISSISSIPPI STATUTES, I HEREBY CERTIFY THAT

ON \_\_\_\_\_ I HAVE MADE AN INVESTIGATION INTO THE CIRCUMSTANCES  
DATE

OF DEATH OF \_\_\_\_\_ WHO DIED ON \_\_\_\_\_  
NAME OF DECEDENT DATE

at \_\_\_\_\_,  
CITY OR TOWN COUNTY

AND HAVE DETERMINED THAT NO FURTHER EXAMINATION IS NECESSARY.

I HEREWITH GIVE MY PERMISSION TO \_\_\_\_\_,  
FUNERAL DIRECTOR

\_\_\_\_\_ TO CREMATE OR BURY AT SEA THE BODY OF  
CITY OR TOWN

THE ABOVE NAMED DECEDENT.

CAUSE OF DEATH: \_\_\_\_\_

MANNER OF DEATH: ☐ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE  
☐ UNDETERMINED ☐ PENDING

\_\_\_\_\_  
SIGNATURE OF MEDICAL  
EXAMINER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY OR TOWN

\_\_\_\_\_  
COUNTY

THIS FORM MUST BE COMPLETED BY A Medical Examiner of the County in which death occurred, or by the State Medical Examiner, prior to cremation or burial at sea. This does not apply to deaths occurring within twenty-four hours of birth, or to deaths of patients resulting only from natural disease and occurring in a licensed hospital unless the death falls within the jurisdiction of the Medical Examiner.

FORM ME-16  
JUNE 28, 1989